

STATE OF NEW JERSEY  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES  
REQUEST FOR PROPOSALS

Early Intervention Support Services (EISS)

Monmouth, Mercer and Essex Counties

January 13, 2012

Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services

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**Department of Human Services, Division of Mental Health and Addiction Services**  
**Request for Proposals**  
**Early Intervention Support Services**

## **I. INTRODUCTION**

Based upon the growing body of research and knowledge in the recovery field as well as first hand accounts from people recovering from mental illness, a broadening community of consumers, families, advocates, constituents and the New Jersey Division of Mental Health and Addiction Services believe that people with mental illness can achieve, with effective supports and services, wellness and recovery. It is clear that many consumers of mental health services are able to identify and articulate their service and support needs. A strong, responsive system can recognize and meet the varied needs of people as they experience the recovery process. Towards that end, it is the Division's policy to ensure that consumers and families have access to a system of recovery oriented services and resources that promote wellness, recovery, an improved quality of life and community inclusion.

The New Jersey Division of Mental Health and Addiction Services (DMHAS) continues to implement the recommendations put forth by the Governor's Task Force on Mental Health and the DHMS Wellness and Recovery Transformation Action Plan. The recommendations of the Task Force and the Wellness and Recovery Transformation Action plan are major contextual documents which inform the transformation of New Jersey's mental health system to one that focuses on treatment, wellness and recovery. These documents are available on the DMHAS website at: [www.state.nj.us/humanservices/DMHAS](http://www.state.nj.us/humanservices/DMHAS).

This current Request for Proposals (RFP) focuses on the Task Force's recommendations regarding access to services and is consonant with the DMHAS Wellness and Recovery Transformation Action Plan's focus on system enhancements and on integrating recovery principles in all community mental health services. Specifically, this Request for Proposals (RFP) is intended to lead to the development of Early Intervention and Support Services (EISS) programs in Monmouth, Mercer and Essex Counties.

EISS programs are intended to provide rapid access to short term, recovery-oriented crisis intervention and stabilization services for persons with a serious mental illness. EISS is a non-emergency room, community based program aimed at offering individuals a broad range of service options that can divert them from undue use of emergency room and in-patient programs. As such, after hours and weekend availability of staff, expedient access to staff with psychiatric prescriptive privileges, capacity for mobile outreach and the capacity to serve individuals with co-occurring conditions are critical program characteristics. Further, the program's ability to 'keep the front door open' while avoiding waiting lists for services is paramount.

Access to this intensive diversionary program is intended to provide a direct and specific alternative to hospital emergency department based services (e.g. at Designated Screening Centers). Intervention accessed earlier in the crisis cycle and earlier in the

course of illness can improve consumer and system outcomes, increase community tenure, decrease the potential for trauma, lower costs for consumers, families and service providers, positively impact the utilization of hospital emergency rooms and allow for better consumer and system outcomes.

## **II. BACKGROUND**

Based on the recommendations of Governor's Task Force on Mental Health, since FY2006 approximately \$14.8 million has been added to the state's Designated Screening programs, to create new and expanded screening and outreach services. While this investment has served to stabilize Designated Screening Services, the Task Force further recognized the need for early intervention and expedited access to crisis intervention and ongoing support services as a means of supporting recovery and promoting community tenure.

Designated screening staff and other providers in the acute care system often have insufficient outpatient service options to offer consumers and their families. This can result in extended stays in screening programs, extended waits for community based services, and in some instances, potentially avoidable hospitalizations. Because of these ongoing challenges related to accessing community mental health services, consumers and families often default to hospital emergency departments in order to obtain needed services. In so doing, consumers, screening service providers and hospitals incur potentially unnecessary medical costs and the visit can too often conclude with a choice of "hospitalization or nothing".

Early Intervention Support Services (EISS) in the context of this RFP represents community based treatment alternatives for adults with acute psychiatric symptoms, inclusive of individuals who have co-occurring conditions. The service is intended to provide a viable, readily accessible treatment option for consumers and families outside of hospital emergency rooms.

## **III. PURPOSE OF REQUEST**

The Division of Mental Health and Addiction Services seeks proposals to provide a comprehensive early intervention service package that meets the needs of individuals with exacerbated symptoms of mental illness, inclusive of those who have co-occurring conditions. The service is intended to provide a viable and readily accessible treatment option for consumers and families outside of hospital emergency rooms. Such early intervention services must be designed and implemented in a manner which reflects recovery as an overarching value as well as an operational principle. The Federal Substance Abuse and Mental Health Service Administration (SAMHSA) identified ten fundamental components of recovery as part of the national consensus statement on mental health recovery.

Further information regarding the ten components may be found at [http://www.Samhsa.gov/pubs/mhc/MHC\\_NCrecovery.htm](http://www.Samhsa.gov/pubs/mhc/MHC_NCrecovery.htm).

The components are:

1. Self Direction
2. Individualized and Person Centered
3. Empowerment
4. Holistic
5. Non-Linear
6. Strengths-based
7. Peer Support
8. Respect
9. Responsibility
10. Hope

In their narrative application, successful applicants must demonstrate concrete illustrations of how these components have been embraced and will be integral in the design of their proposed service.

The EISS service package will include, at a minimum:

- Comprehensive bio-psycho-social assessments; including an assessment of individuals' needs related to pharmacologic treatments.
- Crisis Intervention and Stabilization Services
- Medication Prescription, Administration and Education.
- Short-term individual psycho-therapy.
- Family Therapy.
- Wellness Recovery Action Plans (WRAP).
- Referrals and linkages to community services such as financial entitlements, housing, primary healthcare, education and employment services, with particular attention to services identified in the consumer's WRAP.
- Initiation of Psychiatric Advance Directives.

In order to provide this range of services, a multi-disciplinary complement of staff including a psychiatrist (or psychiatric advanced practice nurse), registered nurses, master's level clinicians, peer specialists and case managers will be needed. The program should be developed to be accessible 24/7 (e.g. for current enrollees and with regard to scheduling intake appointments as discussed below) and staffed to accommodate a significant amount of after hours and weekend volume.

Successful applicants must be capable of enrolling referrals from local Designated Screening Services, Affiliated Emergency Services and other approved acute care referral sources within 24 hours after the referral is made by the referring entity as it is recognized that some consumers will learn of the EISS program subsequent to emergency room utilization. The program must also have the capability of permitting access to staff with pharmacologic prescriptive authority within 24 hours of enrollment.

It is anticipated that EISS users, after receiving satisfactory services through EISS, will be less inclined to default to emergency room based services during future crisis episodes. (Expectation related to the EISS program's responsibility to educate the local community regarding this treatment option will be discussed below).

It is anticipated that EISS users will have a maximum length of stay of 30 days. Once safely stabilized, with the symptoms of crisis abated and linkages facilitated, EISS users can be transitioned into ongoing community services, such as the recently DMHAS funded Intensive Outpatient Support Services (IOTSS) programs. With the specified length of stay, it is expected that successful applicants will develop a capacity to serve approximately 50 -75 consumers at a time and serve 600 – 700 approximately consumers annually.

#### Summary of Characteristics of Early Intervention Support Services:

- An early intervention program provided by a multidisciplinary team.
- An intake protocol that ensures rapid 24/7 access to services.
- Highly flexible scheduling, including service availability during evenings, weekends, and holidays.
- Services must be available 24/7 for enrolled consumers so that consumers do not unnecessarily default to a Designated Screening Service programs or local emergency rooms.
- Provides a comprehensive range of pharmacologic, therapeutic, recovery, support and linkage services (as referenced above).
- Capacity for outreach services in order to engage consumers, who otherwise might not access services.
- A length of stay of up to 30 days with an ability to safely and smoothly transition service users to aftercare services.
- EISS programs will be expected to eschew the use of intake “waiting lists.” Therefore, management of service recipients’ length of stay must permit adequate throughput to ensure that the local system’s needs related to access are preserved, even after maximum enrollment is attained.

#### **IV. SERVICE OUTCOME REQUIREMENTS**

EISS programs must demonstrate the capacity to:

- To provide rapidly accessible crisis stabilization and recovery-oriented services to individuals with acute psychiatric symptoms, inclusive of those who have co-occurring conditions.
- Provide interventions that will decrease acute psychiatric symptoms, initiate consumer driven recovery planning activities (e.g. Wellness Recovery Action Plans) and illness management services, and promote community tenure;
- Maintain or enhance the quality of life of service users and their families, as measured by valid and reliable quality of life instruments.
- Decrease utilization of local hospital based emergency services, including designated screening center volume, length of stay in designated screening centers;
- To move the locus of crisis intervention away from hospital emergency rooms to the maximum degree possible, by the creation of a non-hospital based site with access to

respite options for consumers who would benefit from a low stress, supportive environment to address stabilization of acute psychiatric symptoms.

- Affiliate with the county's designated screening service, affiliated emergency services, intensive outpatient support services, and any existing respite crisis beds.

## **V. POPULATION TO BE SERVED**

The population to be served by this program are adults, 18 years of age or older who have a mental illness and are experiencing acute psychiatric symptoms. Please note that the DMHAS seeks to make awards to those applicants whose inclusionary admissions policies create broad access for adults with serious and persistent mental illness, including those with past or present involvement in the criminal justice and substance abuse systems. A dual diagnosis involving substance use disorders and developmental disability shall not be an exclusionary admission criterion.

Eligible consumers must:

- Have a diagnosable mental illness;
- Be 18 years of age or older.
- Have needs as evidenced by psychiatric symptoms to a degree of severity as to interfere with functioning in two or more life domains.
- Must be assessed as able to be safely served in an outpatient setting.

Consumers of the following services are not envisioned as eligible to participate in EISS as their current services are considered to already be within the programmatic intent and compensation of the that service:

- Residential Intensive Support Teams (RIST)
- Program for Assertive Community Treatment (PACT)

## **VI. SERVICE DEVELOPMENT AREAS AND FUNDING AVAILABILITY**

DMHAS is seeking to competitively award programs in Monmouth, Mercer and Essex Counties. DMHAS has a total of \$3,000,000 available annually to support this initiative. The DMHAS anticipates three separate awards of up to \$1,000,000 each.

## **VII. APPLICANT QUALIFICATIONS**

In order to be eligible for consideration for funding under this RFP, applicants must meet the following qualifications:

1. The applicant must be a fiscally viable for-profit organization, non-profit organization or governmental entity and document demonstrable experience in successfully providing mental health services and supports to adults who have severe and persistent mental illness in a manner fully consonant with recovery principles.

2. The applicant must be duly registered to conduct business in the State of New Jersey.
3. The applicant must demonstrate experience and success in providing services to the population of service recipients described in this RFP.
4. The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).
5. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal IRS 501 (c) (3) regulations, as applicable.

## **VIII. CLUSTERING, INCENTIVES AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE**

Programs awarded pursuant to this RFP will be separately clustered until such time as the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures and applicable revenue generation.

Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation or contract termination.

## **IX. REQUIREMENTS FOR PROPOSALS**

Proposals will be evaluated based on the elements indicated below. The proposal must not exceed 20 pages (not inclusive of appendices and required attachments.) All proposals must include responses that clearly correspond to each category as delineated by the lettered bullets in this section.

All responses must include the following content:

- A. A complete description of how the applicant (and affiliated partner programs, if applicable) will establish and operate the solicited services to meet the goals listed previously, including:
  1. A comprehensive description of the total service package, inclusive of the specific service components and methods the EISS program will employ to achieve the service objectives referenced above.
  2. Affiliation agreements that provide a highly detailed description of how the service will integrate within the continuum of services available in the geographic area, with particular attention to detailed agreements involving the local Designated Screening Service program, Affiliated Emergency Services, Intensive Out-patient Treatment and Support Services, crisis respite housing and other acute care programs. These agreements must ensure smooth transitions of consumers across programs, the



mechanisms for coordination of care, and problem resolution protocols between agencies.

3. A detailed description of how the existence and function of the newly operated EISS program will be advertised and promoted within the local system of care, inclusive of detailed engagement strategies with local law enforcement entities.
4. Specification of the number, qualifications and skills of the clinical, nursing, peer and support services staff comprising the EISS program. Roles and job descriptions for each position must be included as an appendix. A table of organization including program staff, administration, and support staff must be included in the application. Indicate FTE staff required to provide the intended services and indicate the number of compensated hours per week that constitute an FTE in your proposal.
5. A proposed schedule for service accessibility showing service activities, staffing, and treatment modalities to be provided for consumers. Please specify on which days and on which hours the proposed services will be offered, along with a rationale for the schedule.
6. Identification of the location of the EISS program, the rationale for its placement, as well as a strategy for providing outreach services.
7. A specific, time-framed plan for phase in and full implementation of program operations. Please note that programs are required to be fully operational no later than six months from the time of final award notification.
8. A description of the management and supervision methods that will be used, and the procedures for monitoring the performance of staff;
9. Inclusion of a full written description of the proposed evaluative processes that will be used to measure and evaluate the effectiveness of the program. Identify the specific consumer and system level outcomes your program will produce, including sufficient details on all data collection and data management activities. For consumer level outcomes, the use of reliable and valid measurement instruments is preferred. Outcomes related to consumer satisfaction are acceptable, but not sufficient.
10. Discussion of the proposed service population's language, beliefs, norms and values, as well as socioeconomic factors that must be considered in delivering services to this population, and how the proposed service addresses issues of cultural competence and access.

B. A description of the intake and enrollment process, including:

1. Timeframes from referral to first face-to-face appointments (e.g. with intake staff and psychiatric prescribers).
2. How the proposed program will ensure continued access to referring entities, even after capacity census is obtained

3. The use of exclusionary admissions criteria including a list of the exclusionary criteria.
- C. Discharge and Termination criteria, including
    1. A description of all the discharge and termination procedures.
    2. Protocols for ensuring seamless transition of consumers to EISS aftercare.
  - D. Completed annualized Annex A showing service commitments for a full year, assuming the program is fully implemented. (An Annex A, specific to EISS, will be provided at the Bidder's Conference).
  - E. Key person data: Name and credentials of individual(s) directly responsible (if known at application) for assuring the achievement of the required outcomes.
  - F. The staff training plan specifically as it relates to the provision of program services (including training for specific referral sources).
  - G. Letters of Support may be included in the applicant's RFP response.
  - H. A brief overview of the applicant's organization history.
  - I. Required Respondent Assurances:

Express a written assurance that if your organization is funded pursuant to this RFP:

    1. You will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to obtain approval and maintain certification may result in termination of the service contract.
    2. The organization will provide a statement certifying that the proposed service, if awarded, will increase the level of service currently provided by the organization and that the award will not fund or replace existing services.
    3. The organization will separately track revenue, expenses and services applicable to the award and will not co-mingle revenue, expenses or service data with existing outpatient programs.

## **X. BUDGET REQUIREMENTS**

Provide detailed budget information employing the Annex B categories for expenses and revenues, utilizing the excel template which will be distributed via e-mail after the mandatory bidders conference. The template contains three clearly labeled separate areas; one to

show full annualized operating costs and revenues, one to show one time costs, and one to show the phase-in operating costs and revenues related to your proposed start up date through the end of the affected contract year.

E-mail the completed file to Joel Boehmler at: [Joel.Boehmler@dhs.state.nj.us](mailto:Joel.Boehmler@dhs.state.nj.us). A hard copy of the budget is not required to be included in the submission; DMHAS will format and print hard copies for reviewers.

All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These Manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at:

<http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html>

Budget notes are required to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Applicants must provide a detailed schedule supporting their calculations for each type of contemplated revenue. Narrative budget notes, detailing assumptions behind proposed costs and revenues must be included in the applicant's response. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate narrative information could result in lower ranking of the proposal. Incorporate notes, to the maximum extent possible, right on the budget file.

For personnel line items, staff names should not be included, but the staff position titles and hours per work week and credentials are needed.

Staff Fringe Benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.

Provide the number of hours associated with each line of any clinical consultants so that cost/hour may be considered by evaluators.

If applicable, General and Administrative (G & A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, limit your G & A expense projection to "new" G & A only by showing the full amount as an expense and the offsetting savings in other programs in the revenue section.

The information listed below is REQUIRED FOR PROVIDERS NOT ALREADY UNDER CONTRACT WITH DMHAS.

- A. A copy of the applicant's code of ethics and/or conflict of interest policy;
- B. A copy of the applicant's most recent organization-wide audited financial statements;
- C. A copy of the applicant's certification of incorporation;
- D. A copy of the applicant's charitable registration status (if applicable);
- E. A list of the board of directors, officers and their terms of office;

- F. A list of those persons responsible and authorized within the organization to approve and certify binding documents, reports and financial information;
- G. A list of the name(s) and address (es) of those entities providing support and/or money to help fund the program for which the proposal is being made;
- H. A statement of assurance that all Federal and State laws and regulations are being followed. (Signed and dated)(Attachment B);
- I. The Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Signed and dated) (Attachment C)
- J. N.J.S.A. 52:34-13.2 Source Disclosure Certification (formerly Executive Order 129) (signed & dated); and
- K. Public Law 2005, Chapters 51 and 271 Compliance forms (formerly Executive Order 134) and Executive Order 117 (signed and dated) only for For-Profit organizations.

Contracts awarded as a result of this RFP are renewable each year up to two years, at which time DMHAS will review agency outcome performance and make contract continuance determinations.

## **XI. MANDATORY BIDDERS CONFERENCE**

All applicants intending to submit a proposal in response to this RFP must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be evaluated or considered. Applicants can pre-register for the bidder's conference by contacting Diana Gittens (609-777-0708) or [Diana.Gittens@dhs.state.nj.us](mailto:Diana.Gittens@dhs.state.nj.us)

Date: January 23, 2012  
Time: 1 – 3PM  
Location: Division of Mental Health and Addiction Services  
Capitol Center  
Third Floor, Room 336  
50 E. State Street,  
Trenton, New Jersey

## **XII. SUBMISSION INSTRUCTIONS**

All proposals are due to the offices below no later than 4:00 PM, February 22, 2012. Submit your proposal in a single file PDF format via email to [John.Verney@dhs.state.nj.us](mailto:John.Verney@dhs.state.nj.us). Multiple PDF attachments and emails will not be accepted. Your email "subject" should include your agency name, and the proposal name and date. Proposals should be limited to 20 pages, with the exception of the budget and supporting documents – in a font size no smaller than 12. In addition, six hard copies and one original with signature page, of the proposal narrative and budget must be submitted to the attention of John Verney no later than 4:00 pm, February 22, 2012, at the following address:

John Verney  
Statewide Acute Care Coordinator  
Division of Mental Health and Addiction Services  
Capital Center, 50 E. State St.  
PO BOX 727  
Trenton, NJ 08625-0727  
Email address: [John.Verney@dhs.state.nj.us](mailto:John.Verney@dhs.state.nj.us)

RFP responses must be received at the above addresses by 4:00 PM on February 22, 2012 to be considered eligible. You may mail or deliver your response, however, the DMHAS is not responsible for items mailed but not received by the Division by the due date. Facsimile submissions will not be accepted.

Additionally, as noted in Section X, the completed budget template file must be submitted as an e-mail attachment to Joel Boehlmer at [Joel.Boehmler@dhs.state.nj.us](mailto:Joel.Boehmler@dhs.state.nj.us).

In addition, please submit four hard copies and a pdf version (electronically) of your proposal to the Mental Health Administrator(s) in the Count(y)ies in which you propose to develop the service.

For **Monmouth** County, submissions must be sent to:

Monmouth County Mental Health Board  
Attn: Barry Johnson  
DHS Building  
PO Box 3000, Kozloski Road  
Freehold, NJ 07728-7200  
[bjohnson@co.monmouth.nj.us](mailto:bjohnson@co.monmouth.nj.us)

For **Mercer** County, submissions must be sent to:

Mercer County Mental Health Board  
Attn: Michelle Madu  
640 south Broad Street  
Trenton, NJ 08650  
[mmadiou@mercercounty.org](mailto:mmadiou@mercercounty.org)

For **Essex** County, submissions must be sent to:

Essex County Mental Health Board  
Attn: Joseph P Scarpelli, D.C.  
Department of Health and Rehabilitation  
Office of the Mental Health Administrator  
204 Grove Avenue  
Cedar Grove, NJ 07009

### **XIII. REVIEW OF PROPOSALS AND NOTIFICATION OF DECISIONS**

A panel comprised exclusively of DMHAS staff will review and score all proposals. Proposals will be rated on factors such as the scope, clarity and quality of the proposal as well as the appropriateness and reasonableness of the budget. The review panel may choose to visit an applicant's existing programs, request additional information, and/or have oral presentation to clarify or elaborate on parts of their proposal.

An advisory group, consisting of consumers and family members, will review all proposals and provide input to the NJ DMHAS panel. Additionally, County Mental Health Boards of will provide the DMHAS panel with recommendations. Input from both the Mental Health Board and the advisory group will be considered when the DMHAS review panel rates and scores the proposals. The DMHAS requests that the County Mental Health Board submit their input for consideration and recommendations to John Verney (mailing address is listed in Section XII of this solicitation) of the NJ DMHAS by March 16, 2012.

The DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is its best interest to do so. The DMHAS will notify all applicants of preliminary award decisions no later than March 28, 2012.

### **XIV. APPEAL OF AWARD DECISIONS**

Appeals of any award determinations may be made only by the respondents to this request for proposals. All appeals must be made in writing and must be received by the DMHAS at the address below no later than 4:00 PM on April 4, 2012. The written request must clearly set forth the basis for the appeal and must follow DMHAS appeal procedures. These procedures are articulated in DMHS' Administrative Bulletin 9:11 and may be found on the DMHAS website through the following link:

[http://www.state.nj.us/humanservices/dmhs/info/notices/adminbulletins/9\\_11.pdf](http://www.state.nj.us/humanservices/dmhs/info/notices/adminbulletins/9_11.pdf).

Appeals must be addressed to:

Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services  
Capital Center, 50 E. State St.  
PO BOX 727  
Trenton, NJ 08625-0727

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for purposes of DMHAS contract funding.

The DMHAS will review appeals and render final funding decisions by April 12, 2012. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

ATTACHMENT A

\_\_\_\_\_  
Date Received

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**

\_\_\_\_\_  
Dept/Component

\_\_\_\_\_  
(Name of proposal)

**Cover Sheet**

**Proposal Summary Information**

Incorporated Name of Applicant: \_\_\_\_\_

Type: \_\_\_\_\_

Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ , or Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Address of Service(s): \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Total dollar amount requested: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Total Match Required: \_\_\_\_\_ Match Secured: Yes \_\_\_\_\_ No \_\_\_\_\_

Funding Period: From \_\_\_\_\_ to \_\_\_\_\_

Services: \_\_\_\_\_

(For which funding is requested)

Total number of unduplicated clients to be served: \_\_\_\_\_

Brief description of services by program name and level of service to be provided\*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization: Chief Executive Officer: \_\_\_\_\_

(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*NOTE:** If funding request is more than one service, complete a separate description for each service. Identify the number of units to be provided for each service as well as the unit description (hours, days, etc.) If the contract will be based on a rate, please describe how the rate was established.

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**

**ADDENDUM TO REQUEST FOR PROPOSAL  
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.



## Attachment B

### **Department of Human Services Statement of Assurances**

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).

- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

\_\_\_\_\_  
Applicant Organization  
Equivalent

\_\_\_\_\_  
Signature: Chief Executive Officer or

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

6/97

## Attachment C

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.  
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and  
Voluntary Exclusion  
Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility  
and Voluntary Exclusion  
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.